

## Program E: University Medical Center

Program Authorization: R.S. 36:254,258, 259; 40:2002,2014; Act 3 of 1997

### PROGRAM DESCRIPTION

The mission of the University Medical Center is to provide quality and timely medical care in a responsible and cost effective manner to all patients, regardless of their financial status. The Medical Center is committed to systematic, coordinated, and continuous improvement of patient outcomes.

The goals of the University Medical Center are:

1. Prevention: To provide health care effectiveness with an emphasis on preventive and primary care.
2. Partnership: To integrate health delivery network with internal and external community partner.
3. Performance: To improve management information systems and fiscal accountability.

The State of Louisiana purchased St. John Hospital in 1937 to become a provider of last resort for Southwest Louisiana. The newly acquired hospital became known as Lafayette Charity Hospital until a final name change in 1982 to University Medical Center (UMC). The new name came with a larger building on the current site of Congress and Bertrand in Lafayette, Louisiana. On July 1, 1997, the Louisiana State University Medical Center formed the Health Care Services Division as a result of Act 3 of 1997, which includes University Medical Center. University Medical Center is part of the LSU Health Sciences Center Health Care Services Division.

Today, University Medical Center continues as an acute care provider of last resort for all citizens in Southwest Louisiana and as an educational site for six residency programs of the LSU School of Medicine in New Orleans. The facility provides additional support functions such as pharmacy; blood bank; respiratory therapy; anesthesiology; and various diagnostic services and other support functions on a non-medical nature, such as administration; maintenance; housekeeping; mail service; purchasing; accounting; admissions and registration. The facility also maintains a stipend program for medical residents and contracts for physician and anatomical services and works cooperatively with medical schools and other health education institutions to broaden the opportunity for clinical training in the hospital.

For many years, people who are without resources or health insurance have received medical care at UMC. Many patients who have Medicaid insurance are unable to receive medical care from physicians in their local communities. Therefore, years ago UMC organized, at the main campus, a wide range of primary and specialty outpatient clinics for these patients. Several small rural hospitals will accept Medicaid, but many of their physicians will not. UMC patient satisfaction surveys reveal strong customer satisfaction.

University Medical Center serves its patients as their “family physician” and as their acute care hospital. UMC serves the following parishes: Acadia, Evangeline, Iberia, Lafayette, St. Martin, St. Landry, Vermilion, and St. Mary. The hospital is currently staffed for 139 beds, and is a teaching hospital affiliated with the LSU School of Medicine in New Orleans

### OBJECTIVES AND PERFORMANCE INDICATORS

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2000-2001. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicator values are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year (the fiscal year of the budget document).

**The objectives and performance indicators that appear below are associated with program funding in both the Base Executive Budget and Governor’s Supplementary Recommendations for FY 2000-01. Specific information on program funding is presented in the financial sections that follow performance tables.**

1. (KEY) To continue to provide professional, quality, acute general medical and specialty services to patients in the hospital and maintain the average length of stay of 5.3 days for patients admitted to the hospital.

Strategic Link: This objective reflects the movement toward the achievement of the 1998-2002 Health Care Services Division (HCSD) Strategic Plan Goal 1: Implement initiatives to improve effectiveness of health care delivery in the HCSD system by enhancing the preventive and primary care components.

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
S	Number of staffed beds <sup>1</sup>	142	139	123 <sup>2</sup>	123 <sup>2</sup>	139	139
K	Average daily census <sup>3</sup>	Not applicable <sup>4</sup>	100	Not applicable <sup>5</sup>	98 <sup>6</sup>	97	97
K	Emergency department visits	54,683	49,052	64,895 <sup>2</sup>	64,895 <sup>2</sup>	45,455	45,455
S	Total outpatient encounters	183,434	178,793	135,546 <sup>2</sup>	135,546 <sup>2</sup>	189,485	189,485
K	Percentage of gross revenue that is outpatient revenue (current year)	Not applicable <sup>4</sup>	37.41%	Not applicable <sup>5</sup>	36.71% <sup>6</sup>	36.95%	36.95%
S	Number of staff per patient	Not applicable <sup>4</sup>	6.91 <sup>7</sup>	Not applicable <sup>5</sup>	7.18 <sup>7</sup>	7.36 <sup>7</sup>	7.36
S	Average length of stay for inpatients	4.3 <sup>4</sup>	5.3	5.3	5.3	5.3	5.3
K	Cost per adjusted discharge <sup>8</sup>	Not applicable <sup>4</sup>	\$5,193	\$7,190	\$7,190	\$5,716 <sup>9</sup>	\$5,716
K	Readmission rates	Not applicable <sup>4</sup>	Not available <sup>7</sup>	Not applicable <sup>5</sup>	Not available <sup>7</sup>	Not available <sup>7</sup>	Not available <sup>7</sup>
S	Patient satisfaction survey rating	Not applicable <sup>4</sup>	Not available <sup>7</sup>	Not applicable <sup>5</sup>	Not available <sup>7</sup>	Not available <sup>7</sup>	Not available <sup>7</sup>
K	JCAHO/HCFA accreditation	Not applicable <sup>4</sup>	100%	99%	99%	100% <sup>10</sup>	100%
K	Salaries and benefits as a percent of total operating expenses <sup>8</sup>	Not applicable <sup>4</sup>	49.12%	49.81%	49.81%	49.32%	49.32%
S	Percentage change in gross outpatient revenue as a percent of total revenue	Not applicable <sup>4</sup>	3.90%	Not applicable <sup>5</sup>	-1.87%	0.65%	0.65%

<sup>1</sup> Staffed beds is consistent with the American Health Association's definition of available beds.

<sup>2</sup> HCSD had earlier planned to absorb the FY 2000 \$40 million budget shortfall entirely in inpatient days. The impact of such a course of action would have been a wholesale reduction in the number of staffed beds, reducing inpatient days, reducing clinic visits and increasing emergency department visits, because of loss of staff. Performance standards shown in the Executive Budget were adjusted in anticipation of this course of action. Since the standards adjustment occurred, HCSD offset \$7 million of the losses with efficiencies and gave the medical centers the responsibility for developing contingency plans to allow them to decide how the cuts might best be made. As a result, the performance standards must be re-adjusted because inpatient days, outpatient encounters, and available (staffed) beds are set much too low, given the current situation and will either be impossible to meet or very easy.

- <sup>3</sup> In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high-demand days, and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand.
- <sup>4</sup> This performance indicator did not appear under Act 19 and therefore had no performance standard for FY 1998-99.
- <sup>5</sup> This performance indicator did not appear under Act 10 and therefore had no performance standard for FY 1999-2000.
- <sup>6</sup> This Existing Operating Budget Level figure is an estimate and not a standard that appeared under Act 10 for FY 1999-2000.
- <sup>7</sup> HCSD is working on providing this information and plans to submit an amendment to House Bill 1 to add this as a quality of care indicator.
- <sup>8</sup> There is great diversity in the level and volume of service provided at medical centers. There is a cost differential inherent in the proportion of primary (non-emergent outpatient care) and secondary services (inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, add another level of costs that need to be factored in the comparison. Whether a hospital provided medical education must also be considered. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible in order to get a sense of how well each hospital is functioning.
- <sup>9</sup> Because the General Ledger staff have been diverted to implement PeopleSoft as quickly as possible, HCSD has been forced to discontinue the General Ledger accounting system for FY 2000 and probably most of FY 2001. HCSD will be unable, therefore, to provide actual "cost per adjusted discharge," but will be able to provide "operating expense per adjusted discharge" in La Pas reporting for those years. This figure will be technically different but substantively comparable to "cost per adjusted discharge."
- <sup>10</sup> The change from a 99% compliance to 100% compliance reflects a change in calculations. The 100% level reflects a pass/fail approach to certification.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Percentage of gross revenue that is outpatient revenue (prior year)	Not available <sup>1</sup>	Not available <sup>1</sup>	Not available <sup>1</sup>	39.51%	36.00%
HCIA National Standard for cost per adjusted discharge (median)	5,966	6,207	6,505	Not available <sup>2</sup>	Not available <sup>2</sup>
HCIA National Personal services (salaries & benefits) cost as a percent of operating cost (median)	50.28%	49.54%	49%	Not available <sup>2</sup>	Not available <sup>2</sup>

<sup>1</sup> This information is not stored in the computerized financial accounting system, but is archived, if it still exists, on microfiche at the hospitals. Some hospitals were able to locate it and some were not.

<sup>2</sup> The 2000 Sourcebook, which will contain standards for 1998, has been published, but has not yet been received by HCSD.

2. (KEY) To enroll at least one-third of the eligible diagnosed diabetic, asthmatic, HIV+ and high risk congestive heart failure patients in the Health Care Services Division (HCSD) system into disease management protocols.

Strategic Link: *Implements strategic plan Goal 1 initiatives: To improve the effectiveness of health care delivery in the HCSD system by enhancing the preventive and primary care components.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
S	Patients with covered diseases	Not applicable <sup>1</sup>	Not available <sup>2</sup>	Not applicable <sup>3</sup>	4,058 <sup>4</sup>	4,183 <sup>5</sup>	4,183
K	Eligible diagnosed patients enrolled	Not applicable <sup>1</sup>	Not available <sup>2</sup>	Not applicable <sup>3</sup>	1,014 <sup>4</sup>	1,394	1,394

<sup>1</sup> This performance indicator did not appear under Act 19 and therefore had no performance standard for FY 1998-99.

<sup>2</sup> This is a new performance indicator to measure the new objective above. The HCSD (representatives of the medical and administrative sides of each medical center and the administrative office) is in the process of developing a new strategic plan which will more clearly reflect the core purposes and values of the Division. The focus expressed in the goals in the 1998-2002 (health care effectiveness with emphasis on preventive and primary care; integrated health delivery network with internal and external community partners; and improved management information systems and fiscal accountability) is unchanged, but emphasis in the objectives chosen has changed slightly.

<sup>3</sup> This performance indicator did not appear under Act 10 and therefore had no performance standard for FY 1999-2000.

<sup>4</sup> This indicator is critically important to measuring the system's success in implementing the disease management initiative. However, eligibility for the initiative is currently calculated differently by each medical center. An important part of the reason for the new strategic plan is to systematize the hospitals, so that comparisons and, therefore, improvements based on sharing information can occur. One step in this process is to agree on and implement a definition for eligibility for disease management. This will take place in the fiscal year and correct eligibility figures will be available for the next Operational Plan.

<sup>5</sup> The patients with covered diseases estimate is based on computerized patient billing records which provide an unduplicated count of patients with targeted diseases seen in the hospital in 1998. This is currently an underestimate of the actual prevalence of these disorders in the patient population because: a) only patients who have been diagnosed with the disorder are reflected; and b) billing records reflect the treatment provided - not the medical history of the patient.

3. (SUPPORTING) To assess and take steps to ameliorate over utilized or non-existent services in the University Medical Center (UMC) catchment area.

Strategic Link: *This objective reflects the incremental movement toward the achievement of the 1998-2002 Health Care Services Division Strategic Plan Goal 2 which is to implement initiatives to improve coordination with other segments of the Louisiana health care delivery system.*

Explanatory Note: Catchment area is defined as the parishes from which the majority of the hospital's patients are drawn. These include Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermillion.

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
S	Percentage completion of community needs assessment in the UMC catchment area	Not applicable <sup>2</sup>	0%	Not applicable <sup>3</sup>	0% <sup>4</sup>	100%	100%
S	Number of collaborative agreements signed with other health care providers <sup>1</sup>	Not applicable <sup>2</sup>	10	Not applicable <sup>3</sup>	11 <sup>4</sup>	11	11

<sup>1</sup> Collaborative agreements have been defined as contracts, cooperative endeavors, or affiliation agreements with health care providers (i.e., hospitals, physicians, nurses, allied health providers or agencies) or health-related entities (i.e., schools, state agencies) outside the HCSD system.

<sup>2</sup> This performance indicator did not appear under Act 19 and therefore had no performance standard for FY 1998-99.

<sup>3</sup> This performance indicator did not appear under Act 10 and therefore had no performance standard for FY 1999-2000.

<sup>4</sup> This Existing Operating Budget Level figure is an estimate and not a standard.

## RESOURCE ALLOCATION FOR THE PROGRAM

	ACTUAL 1998-1999	ACT 10 1999- 2000	EXISTING 1999- 2000	CONTINUATION 2000 - 2001	RECOMMENDED 2000 - 2001	RECOMMENDED OVER/(UNDER) EXISTING
MEANS OF FINANCING:						
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:						
Interagency Transfers	50,790,749	50,016,144	50,016,144	51,684,460	49,575,449	(440,695)
Fees & Self-gen. Revenues	2,171,081	2,171,805	2,171,805	2,171,805	2,171,805	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
FEDERAL FUNDS	6,254,429	6,315,846	6,315,846	6,315,846	6,315,846	0
TOTAL MEANS OF FINANCING	<b>\$59,216,259</b>	<b>\$58,503,795</b>	<b>\$58,503,795</b>	<b>\$60,172,111</b>	<b>\$58,063,100</b>	<b>(440,695)</b>
EXPENDITURES & REQUEST:						
Salaries	\$22,934,439	\$22,619,383	\$22,619,383	\$23,531,756	\$22,521,690	(\$97,693)
Other Compensation	1,918,288	2,227,023	2,227,023	2,227,023	2,227,023	0
Related Benefits	4,332,055	4,729,165	4,729,165	4,854,615	4,994,409	265,244
Total Operating Expenses	16,321,834	15,415,284	15,415,284	15,619,597	14,655,473	(759,811)
Professional Services	2,107,176	1,892,786	1,892,786	1,940,796	1,892,786	0
Total Other Charges	10,839,705	11,027,154	11,027,154	11,412,324	11,185,719	158,565
Total Acq. & Major Repairs	762,762	593,000	593,000	586,000	586,000	(7,000)
TOTAL EXPENDITURES AND REQUEST	<b>\$59,216,259</b>	<b>\$58,503,795</b>	<b>\$58,503,795</b>	<b>\$60,172,111</b>	<b>\$58,063,100</b>	<b>(440,695)</b>
AUTHORIZED FULL-TIME EQUIVALENTS: Classified	0	793	793	793	772	(21)
Unclassified	0	0	0	0	0	0
TOTAL	0	793	793	793	772	(21)

A supplementary recommendation of \$35.9 million, of which all is Uncompensated Care, is included in this program, including 466 positions. Funding is dependent upon renewal of the 3% suspension of the exemptions to the sales tax.

A supplementary recommendation of \$3.6 million, of which \$2.9 million is Uncompensated Care and \$666,500 is claims from the Medically Needy Program, is included in the program. These items are contingent upon Revenue Sources in excess of the Official Revenue Estimating Conference Forecast subject to Legislative approval and recognition by Revenue Estimating Conference.

## SOURCE OF FUNDING

This program is funded with Interagency Transfers, Self-generated Revenue and Federal Funds. The Interagency Transfers represent Title XIX reimbursement from the Medicaid program for services provided to Medicaid eligible and "free care" patients. The Self-generated Revenue represents insurance and self pay revenues for services provided to patients who are not eligible for "free care". The Federal Funds are derived from Title XVIII, Medicare payments for services provided to Medicare eligible patients.

# ANALYSIS OF RECOMMENDATION

GENERAL FUND	TOTAL	T.O.	DESCRIPTION
\$0	\$58,503,795	793	ACT 10 FISCAL YEAR 1999-2000
			BA-7 TRANSACTIONS:
\$0	\$0	0	None
\$0	\$58,503,795	793	EXISTING OPERATING BUDGET – December 3, 1999
\$0	\$443,518	0	Annualization of FY 1999-2000 Classified State Employees Merit Increase
\$0	\$468,855	0	Classified State Employees Merit Increases for FY 2000-2001
\$0	(\$865,920)	0	Risk Management Adjustment
\$0	\$586,000	0	Acquisitions & Major Repairs
\$0	(\$593,000)	0	Non-Recurring Acquisitions & Major Repairs
\$0	(\$859)	0	UPS Fees
\$0	(\$344,407)	0	Salary Base Adjustment
\$0	(\$462,036)	0	Attrition Adjustment
\$0	(\$85,569)	(21)	Personnel Reductions
\$0	\$13,363	0	Civil Service Fees
\$0	\$236,840	0	Other Adjustments - Maintenance contracts on existing equipment
\$0	\$145,080	0	Other Adjustments - House Officer stipend increase to the Southern Regional Average
\$0	\$17,440	0	Other Adjustments - Increase transfer of Ryan White Federal Funds from OPH for HIV medications
\$0	\$58,063,100	772	TOTAL RECOMMENDED
\$0	(\$39,564,600)	(534)	LESS GOVERNOR'S SUPPLEMENTARY RECOMMENDATIONS
\$0	\$18,498,500	238	BASE EXECUTIVE BUDGET FISCAL YEAR 2000-2001
			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL:
\$0	\$35,958,100	534	A supplementary recommendation of \$35.9 million, of which all is Uncompensated Care, is included in the Total Recommended for University Medical Center, including 534 positions
\$0	\$35,958,100	534	TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL

			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE:
\$0	\$3,606,500	0	A supplementary recommendation of \$3.6 million, of which \$2.9 is Uncompensated Care and \$666,500 is claims from the Medically Needy Program, is included in the Total Recommendation for University Medical Center
<b>\$0</b>	<b>\$3,606,500</b>	<b>0</b>	<b>TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE</b>
<b>\$0</b>	<b>\$58,063,100</b>	<b>772</b>	<b>GRAND TOTAL RECOMMENDED</b>

The total means of financing for this program is recommended at 99.2% of the existing operating budget. It represents 80.1% of the total request (\$72,537,968) for this program. The overall decrease is a result of a reduction in risk management premiums. This decrease is offset by an increase in funding for maintenance contracts on existing equipment and a six percent (6%) House Officer stipend increase to the southern regional average. The overall decrease will not have a significant impact on the delivery of services.

### PROFESSIONAL SERVICES

\$1,555,106	C & M Emergency Medical Services for emergency room staffing, operation and management
\$128,710	Sarita Sharma-Choudry for Neonatology Services for Neonatal Intensive Care Unit and Pediatric clinic
\$128,710	Dr. Parvin Safari for Neonatology Services for Neonatal Intensive Care Unit and Pediatric clinic
\$22,000	Dr. Robert Martinez and Dr. Steven Snatic for interpretations of EEG's
\$12,000	Preferred Anatomical Pathology Services for for interpretations of lab tests
\$7,000	S. Longo and Associates for Joint Commission on the Accreditation of Healthcare Organizations consulting services
\$3,000	Beullieu and Associates for engineering services
\$7,000	Deaf Action Center for providing translation services for deaf patients
\$10,000	Lingua Translation & Training, Inc. for providing translation services for deaf patients
\$19,260	Enter the information Here. Insert as many rows <b>BELOW</b> this line as necessary. DO NOT Range Justify, let it wrap.
<b>\$1,892,786</b>	<b>TOTAL PROFESSIONAL SERVICES</b>



## OTHER CHARGES

\$23,962 Legislative Auditor expenses

**\$23,962 SUB-TOTAL OTHER CHARGES**

### Interagency Transfers:

\$6,734,732 Payments to LSU Medical Center for physician services and supervision of House Officers

\$2,470,080 Payments to LSU Medical Center for House Officer salaries

\$304,840 Payments to LSU Medical Center for Physical Therapy and Occupational Therapy services

\$134,000 Payments to LSU Medical Center for emergency room services

\$1,330,549 Payments to the Office of Mental Health for operation and management of the acute Psychiatric inpatient unit

\$64,206 Payments to LSU Medical Center for Cardiopulmonary services

\$98,164 Payments to the Department of Civil Service

\$25,186 Payments for the Uniform Payroll System expenses

**\$11,161,757 SUB-TOTAL INTERAGENCY TRANSFERS**

**\$11,185,719 TOTAL OTHER CHARGES**

## ACQUISITIONS AND MAJOR REPAIRS

\$586,000 Funding for replacement of inoperable and obsolete equipment

**\$586,000 TOTAL ACQUISITIONS AND MAJOR REPAIRS**